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CONFIRMATION NO. 3232

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|---|---|-------------------------------|---|--|
| SERIAL NUMBER 10/617,428 | FILING OR 371(c) DATE 07/10/2003 RULE | CLASS 264 | GROUP ART UNIT 1732 | ATTORNEY DOCKET NO. S63.2-10941-US01 |
| APPLICANTS Scott Schewe, Eden Prairie, MN; Victor Schonele, Greenfield, MN; Jan Weber, Maple Grove, MN; | | | | |
| ** CONTINUING DATA ***** - None - | | | | |
| ** FOREIGN APPLICATIONS ***** - None - | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/07/2003 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>[Signature]</u> <u>[Initials]</u> Examiner's Signature Initials | | STATE OR COUNTRY MN | SHEETS DRAWING 2 | TOTAL CLAIMS 42 |
| INDEPENDENT CLAIMS 5 | | | | |
| ADDRESS 490 | | | | |
| TITLE Medical device tubing with discrete orientation regions | | | | |
| FILING FEE RECEIVED 1314 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |